



Pre-application for Veterinary Training Programme

Applicant Information

Miss/Ms/Mrs/Mr/Mx		First Name		Surname	
ULN number		National Insurance			
Date of Birth		Nationality			
Home Address				Postcode	
Phone number		Personal email			

Please tick selected course

Level 2 Animal Care and Welfare Assistant	<input type="checkbox"/>
Level 3 Diploma in Small Animal Veterinary Nursing	<input type="checkbox"/>

Next of Kin Information

First Name		Surname	
Relation to the student		Phone number	
Home Address			Postcode

Veterinary Practice Information

Veterinary Practice Name									
Veterinary Practice Address						Postcode			
Name of Practice Principle									
Practice Contact Number				Practice email					
Is this Practice a Training Practice(TP)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, would you consider becoming a TP?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, please provide practice RCVS number									

Employment and Assessor Information

Student Employment Start Date		Student Employed Hours per week	
Name of the Assessor		Assessor role in the Practice	
Assessor personal email			
Who is responsible for payment of your fees? (Please confirm in writing)	Myself	<input type="checkbox"/>	Practice



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Learning difficulties / disabilities

Do you have any learning difficulties / disabilities / medical conditions?	YES		NO	
If you have answered "YES", can you please provide more details:				
List any special academic or learning support needs:				

Ethnicity

<p>White</p> <p>31 English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/></p> <p>32 Irish <input type="checkbox"/></p> <p>33 Gypsy or Irish Traveller <input type="checkbox"/></p> <p>34 Any other White background <input type="checkbox"/></p> <p>Mixed / Multiple Ethnic Group</p> <p>35 White and Black Caribbean <input type="checkbox"/></p> <p>36 White and Black African <input type="checkbox"/></p> <p>37 White Asian <input type="checkbox"/></p> <p>38 Any Other Mixed / Multiple ethnic background <input type="checkbox"/></p> <p>Other Ethnic Group</p> <p>47 Arab <input type="checkbox"/></p> <p>98 Any other Ethnic Group <input type="checkbox"/></p> <p>99 Not provided <input type="checkbox"/></p>	<p>Asian / Asian British</p> <p>39 Indian <input type="checkbox"/></p> <p>40 Pakistani <input type="checkbox"/></p> <p>41 Bangladeshi <input type="checkbox"/></p> <p>42 Chinese <input type="checkbox"/></p> <p>43 Any other Asian Background <input type="checkbox"/></p> <p>Black / African / Caribbean / Black British</p> <p>44 White – British <input type="checkbox"/></p> <p>45 Caribbean <input type="checkbox"/></p> <p>46 Any other Black / African / Caribbean background <input type="checkbox"/></p>
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Qualifications

Please list all the qualifications gained or to be taken. Please attach copy of Certificates with the pre-application form (must be completed).

Qualification (eg: GCSE, NVQ, FD, ND, Degree)	Date taken or to be taken	Subject with grade or estimated grade
Maths		
English		
Science		
GCSE other		
GCSE other		

Signature: _____ **Date:** _____

Once this application has been received the admissions department will contact you further for more information.

Please return to: nursingschool@chestergates.org.uk